

S. No. 2
1-9-4-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34624**

LED NOV 9 1943 11 2
Registration District No. **11 2**

Primary Registration District No. **5429**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Franklin**

(b) City or town **Rural- Lyon ~~mo~~**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
His Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community **Entire Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin** **36**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **3 miles East of Stonyhill, Mo.**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William Ludwig Kipp**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, ~~XXXX, XXXX, XXXX~~ **Single**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 28 1875**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	3	5	hr. _____ min.

9. Birthplace **Franklin Co. Mo** **Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **Farmer**

12. Name **Herman August Kipp**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Matilda Albertswerth**

15. Birthplace **Stonyhill Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Alfred Kipp**

(b) Address **New Haven, Mo. R.F.D.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **10-27-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **St. James Evan. Stonyhill, Mo**

18. (a) Signature of funeral director **Youssem Blumer**

(b) Address **Berger, Mo**

19. (a) **10-24-43** (Date received local registrar)

(b) **Don Decker** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **23**
year **1943** hour **8** minute **55 P.M.**

21. I hereby certify that I attended the deceased from **Oct. 15** 1943 to **Oct. 23** 1943
that I last saw him alive on **Oct. 23** 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage caused right sided hemiplegia**

Due to _____

Due to _____

Other conditions **83a**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **none**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

(e) Means of injury **fall**

23. Signature **John Engelbrecht**

Address **Stonyhill Mo.** Date signed **10-24-43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 , Registered Apprentice No. ✓
working under my personal supervision.

Signed

Hermon Blumer

Licensed Embalmer No.

528

P. O. Address

Burgin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.